

meaning, in law, that none other than a graduate physician, duly licensed, shall have the legal right to practice medicine. When these two principles are kept inviolate, there can be little basis for difference of opinion.

CONCERNING LEGAL RIGHT FOR COUNTY HOSPITAL CHARGES

Recent County Hospital Articles in the Official Journal.—CALIFORNIA AND WESTERN MEDICINE, for several months past, has printed a number of articles concerning bills for hospitalization services rendered to supposedly indigent patients who had been admitted to county hospitals for treatment. The legal right of county boards of supervisors, under certain conditions, to make such charges was questioned. A perusal of the articles referred to,* and particularly of several legal opinions therein, will indicate the lines along which exceptions were taken, particularly in relation to charges rendered to patients by the Los Angeles County General Hospital. However, the points of view to which expression was given by our friends in the legal profession in the comments referred to were not concurred in by the legal advisors of the Board of Supervisors (the County Counsel's Department of Los Angeles County); and, recently, a formal opinion was rendered by that County's Counsel in which it was stated practically that according to the law of California, county boards of supervisors have the legal right to charge all citizens for hospitalization at such rates as the supervisors may lay down, and without regard to whether the citizens receiving such care are indigents, near-indigents, or nonindigents.

* * *

Opinion of the Legal Counsel of the California Medical Association.—A copy of this County Counsel's opinion was sent to the legal counsel of the California Medical Association, Mr. Hartley Peart, with request for his informal judgment and his reply is printed on page 157 of this issue.

This later opinion is commended to the thoughtful perusal of members of the Association, and particularly to the members of county medical society committees on county hospitals. The issues involved are of great importance to California physicians, for the reason that enforcement of procedures recommended or sustained by the legal advisors to county boards of supervisors (especially if such opinions be in error) could result in great damage to public health interests and medical practice. It is to be remembered that boards of supervisors should abide by the opinions of their duly authorized legal advisors, because when public officials fail to follow the advice of their duly constituted legal advisors they do so at risk to themselves and their bondsmen. However, the mere fact that a county counsel, or one of his deputies, presents a legal opinion does not make such an opinion sound law.

* References referred to appear in a footnote in CALIFORNIA AND WESTERN MEDICINE, February, 1938, on page 74.

One of the functions of courts is to decide what is and what is not the law: yet, until an official legal opinion is reversed in the courts, such an opinion is assumed to be the law. In the matter here referred to, one attorney, who happens to be a legal advisor of a board of supervisors, has rendered his opinion to such a board. In this issue will be found the opinion of another attorney—in this instance the legal advisor of the California Medical Association—who holds contrariwise to that of a county counsel. The points brought out by the legal counsel of the California Medical Association, Mr. Peart, are worthy of careful thought, and should be read by all physicians who are interested in the issues involved.

AN ILLUMINATING MAP

Adequacy and Inadequacy of Medical Care.

During the last several years much has been written concerning "The Adequacy of Medical Care." When criticisms stressing the "Inadequacy" of Medical Care (as propounded by sociologic and other propagandists) are analyzed, it is often found that the seeming deficiencies in medical service, as they exist in the minds of writers of such articles, are based on what might be termed thought confusion, in that the critics demanded, among other idealistic provisions, as a fundamental requirement of adequacy, the existence of hospitalization and associated facilities for every part of the United States, paying little regard to such important matters as population and economic and sociologic conditions, and geographic and other environments.

Disparaging statements concerning the methods of present-day medical practice are not confined, however, to lay sources; because even within the profession a certain number of physicians seem to have been so carried off their feet in adulation of group and hospital practice that they also have become exponents, both orally and in writing, of similar thought-trends favorable to change in the practice of medicine.

* * *

The Map Is Worthy of Study.—This being unfortunately the case, a study of the black and white map, printed on pages 258 and 259 in the July 16, 1938, issue of the *Journal of the American Medical Association*, and showing the distribution of hospitals in the United States, is respectfully commended for all dissenters. The map shows that hospitalization facilities exist within thirty miles of places of residence of 98.5 per cent of the citizens of the United States! A distribution of hospitals such as that, in turn, necessarily means there is a supply of physicians in the districts sufficient to maintain such hospitals. Certainly when such figures are considered in relation to basic implications concerning facilities for medical care have we not a right to be surprised when we hear sociologic reformers and allied supporters prating about "inadequacy" of modern-day medical facilities? Readers who have not scanned the map referred to, and also the editorial comments as given on page 257 of the *Journal of the Ameri-*